eart disease arising during or secondary to pregnancy.
James K B; Healy B P
Cardiovascular clinics (UNITED STATES) 1989, 19 (3) p81-96, ISSN 0069-0384 Journal Code: 0213744
Publishing Model Print
Document type: Journal Article; Review; Review, Tutorial
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
When cardiovascular disease in women is considered, the cardiovascular physiology and diseases related to pregnancy are clearly unique, particularly to young women. Toxemia and its associated hypertension are the major cardiovascular disorders arising during and secondary to pregnancy and may well increase in prevalence as women undertake childbearing at older ages. Although its pathophysiology is unknown and its outcome may be grave to both mother and child, toxemia is preventable, **treatable** , and curable. This is unlike the three other forms of heart disease occurring in pregnancy discussed here. Aortic dissection, pulmonary hypertension, and peripartum **cardiomyopathy** are not preventable and are **unpredictable** , difficult to **treat** , and incurable. These latter disorders carry on indefinitely for the duration of the patient's life and seriously limit future options, including those for more pregnancies. Among the disorders of the heart in pregnancy, toxemia and peripartum **cardiomyopathy** are the subjects of especially active investigation at present. Major advances in understanding these disorders could minimize cardiovascular risk to the pregnant woman.

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6/3,K,AB/15 (Item 15 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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07056070 PMID: 6480877
Can antiarrhythmic drugs cause arrhythmia?
Podrid P J
Journal of clinical pharmacology (UNITED STATES) Jul 1984, 24 (7) p313-9, ISSN 0091-2700 Journal Code: 0366372
Contract/Grant No.: HL-07776; HL; NHLBI
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
The recognition that certain types of ventricular premature beats, specifically repetitive forms, may be forerunners of more serious tachyarrhythmias has led to the practice of prophylactic therapy with antiarrhythmic drugs to suppress these forms in patients who have

underlying **cardiac disease** . Several antiarrhythmic drugs are available for oral therapy, and many others are undergoing investigation. The usefulness of these agents is often limited by frequent side effects, which include idiosyncratic and **unpredictable** reactions that are not related to drug level. One such effect is the aggravation o

Clinical profiles of four large pedigrees with familial dilated cardiomyopathy **: preliminary recommendations for clinical practice.**

Crispell K A; Wray A; Ni H; Nauman D J; Hershberger R E
Department of Medicine, Oregon Health Sciences University, Portland 97201, USA.

Journal of the American College of Cardiology (UNITED STATES) Sep 1999, 34 (3) p837-47, ISSN 0735-1097 Journal Code: 8301365
Contract/Grant No.: RO1 HL-58626; HL; NHLBI
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

OBJECTIVES: This study aimed to characterize the clinical profile of familial dilated **cardiomyopathy** (FDC) in the families of four index patients initially diagnosed with idiopathic dilated **cardiomyopathy** (IDC) and to provide clinical practice recommendations for physicians dealing with these diseases. BACKGROUND: Recent evidence indicates that approximately one-half of patients diagnosed with IDC will have FDC, a genetically transmissible disease, but the clinical profile of families screened for FDC in the U.S. has not been well documented. Additionally, recent ethical guidelines suggest increased responsibilities in caring for patients with newly found genetic cardiovascular disease. METHODS: After identification of four families with FDC, we undertook clinical screening including medical history, physical examination, electrocardiogram and echocardiogram. Diagnostic criteria for FDC-affected status of asymptomatic family members was based on left ventricular enlargement (LVE). Subjects with confounding cardiovascular diagnoses or body mass indices >35 were excluded. RESULTS: We identified 798 living members from the four FDC pedigrees, and screened 216 adults and 129 children (age <16 years). Twenty percent of family members were found to be affected with FDC; 82.8% of those affected were asymptomatic. All four pedigrees demonstrated autosomal dominant patterns of inheritance. The average left ventricular end-diastolic dimension was 61.4 mm for affected and 48.4 mm for unaffected subjects, with an average age of 38.3 years (+/- 14.6 years) for affected and 32.1 years for unaffected subjects. The age of onset for FDC varied considerably between and within families. Presenting symptoms when present were decompensated heart failure or sudden death. CONCLUSIONS: We propose that with a new diagnosis of IDC, a thorough family history for FDC should be obtained, followed by echocardiographic-based screening of first-degree relatives for LVE, assuming their voluntary participation. If a diagnosis of FDC is established, we suggest further screening of first-degree relatives, and all subjects with FDC undergo medical **treatment** following established guidelines. Counseling of family members should emphasize the heritable nature of the disease, the age-dependent penetrance and the **unpredictable** clinical course.

Clinical profiles of four large pedigrees with familial dilated cardiomyopathy **: preliminary recommendations for clinical practice.**

OBJECTIVES: This study aimed to characterize the clinical profile of familial dilated **cardiomyopathy** (FDC) in the families of four index patients initially diagnosed with idiopathic dilated **cardiomyopathy** (IDC) and to provide clinical practice recommendations for physicians dealing with these diseases. BACKGROUND: Recent...

...we suggest further screening of first-degree relatives, and all subjects with FDC undergo medical **treatment** following established guidelines. Counseling of family members should emphasize the heritable nature of the disease, the age-dependent penetrance and the **unpredictable** clinical course.

Descriptors: ***Cardiomyopath** y, Dilated--genetics--GE; Adolescent; Adult; Aged; **Cardiomyopathy** , Dilated--diagnosis--DI; Child; Child, Preschool; Echocardiography; Genetic Screening; Humans; Infant; Middle Aged; Oregon; Pedigree...

6/3,K,AB/6 (Item 6 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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13414618 PMID: 10377642
The automated external cardiac defibrillator: lifesaving device for medical emergencies.

Genetic testing for familial hypertrophic cardiomyopathy **in newborn infants. A positive screening test for an** untreatable **condition provides psychological relief from uncertainty.**

Marteau T; Michie S
BMJ (Clinical research ed.) (ENGLAND) Jul 1 1995, 311 (6996) p58-9, ISSN 0959-8138 Journal Code: 8900488
Publishing Model Print; Comment on BMJ. 1995 Apr 1;310(6983) 856-9; Comment on PMID 7677835; Erratum in BMJ 1995 Jul 22;311(6999):265
Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

```
? s cardiomyopathy
      S1    91507  CARDIOMYOPATHY
? s untreatable
      S2     1898  UNTREATABLE
? s s1 and s2
            91507  S1
             1898  S2
      S3       16  S1 AND S2
? rd
>>>Duplicate detection is not supported for File 340.

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Torsade de pointes ventricular tachycardia during low dose intermittent dobutamine treatment **in a patient with dilated** cardiomyopathy **and congestive heart failure** (ABSTRACT AVAILABLE)

Author(s): LaVecchia L (REPRINT) ; Ometto R; Finocchi G; Vincenzi M
Corporate Source: OSPED CIVILE S BORTOLO,DIV CARDIOL, VIALE RODOLFI/I-36100 VICENZA//ITALY/ (REPRINT); ULSS 6,DIV CLINICIZZATA CARDIOL/VICENZA//ITALY/

Journal: PACE-PACING AND CLINICAL ELECTROPHYSIOLOGY, 1999, V22, N2 (FEB), P 397-399
ISSN: 0147-8389 Publication date: 19990200
Publisher: FUTURA PUBL CO, 135 BEDFORD RD, PO BOX 418, ARMONK, NY 10504-0418
Language: English Document Type: ARTICLE

Abstract: The authors describe the case of a 56-year-old woman with chronic, severe heart failure secondary to dilated **cardiomyopathy** and absence of significant ventricular arrhythmias who developed QT prolongation and torsade de pointes ventricular tachycardia during one cycle of intermittent low dose (2.5 mcg/kg per min) dobutamine. This report of torsade de pointes ventricular tachycardia during intermittent dobutamine supports the hypothesis that **unpredictable** fatal arrhythmias map occur even with low doses and in patients with no history of significant rhythm disturbances. The mechanisms of proarrhythmic effects of Dubutamine are discussed.

Title: Torsade de pointes ventricular tachycardia during low dose intermittent dobutamine treatment **in a patient with dilated** cardiomyopathy **and congestive heart failure**